Best Available Copy

									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									09934845					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS			15					RATE		FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	JMBER EXTRA		BASIC F	EE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/ 5 minus 20=		. 6			X\$ 9	-		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		•			X40=			ОВ	X80≈		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT								OR	+270=		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2				Į	TOTA			OR	TOTAL	7/0	
	928/040	(Column 1)	MENDED - PART II (Column 2)			(Column 3)	_	SMALL		NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT,		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. <	Minus	0	ΔI	=		X\$ 0-			OR	X\$18 =-		
AME	Independent	ENTATION OF M	Minus)	A. DENIDENT	/ W	X		X40=			OR	X80=		
-	FINOI FRESI	ENTATION OF IM		PENDEN	CLAIM		'	+135=			OR.	+270=		
	• •		:				t	TOTA			OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur		(Column 3)								
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	NTATION OF MU	Minus	DEADEAT	CLABA	=		X40=	1		OR	X80=		
L	TINOT PRESC	NIAHON OF MIC	LIFLE DEI	PENDENT	CLAIM		'	+135=	7		OR	+270=		
							L A	TOTA			OR ,	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	•	Minus	**		=		X\$ 9=	T		OR	X\$18=		
AME	Independent	•	Minus	***		=		X40=	†		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	+					
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
•••!	f the "Highest Nur f the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS id For IN THIS	S SPACE is S SPACE is	less than	20, enter "20." 3, enter "3."		TOTAL ODIT. FEE d in the a	L			TOTAL ODIT. FEE IMN 1.		